



NOTIFICATION OF DESIGNATED LICENSED PLUMBING CONTRACTOR FOR LICENSED CORPORATE PLUMBING CONTRACTOR

State Form 44861 (R / 9-94)

Approved by the State Board of Accounts 1991

INSTRUCTIONS: *Return to:* **INDIANA PROFESSIONAL LICENSING AGENCY**
INDIANA PLUMBING COMMISSION
302 WEST WASHINGTON STREET, ROOM E034
INDIANAPOLIS IN 46204-2700
(317) 232-2980

Name of corporate plumbing contractor		License number	
Address (street and number)			
City		State	ZIP code
County		Telephone number ()	
Name of designated individual		Title of designated individual	
Address (street and number)		City	State ZIP code
County	Indiana Plumbing Contractor License Number		Telephone number ()
Name of designated individual		Title of designated individual	
Address (street and number)		City	State ZIP code
County	Indiana Plumbing Contractor License Number		Telephone number ()

CERTIFICATION STATEMENT

I hereby certify that the above information is true and correct, and that the Corporation making this certification has not been convicted of an act which would constitute a ground for disciplinary sanction under Indiana Code 25-28.5-1-27.1, nor of a felony that has a direct bearing on the Corporation's ability to practice plumbing competently. I further certify, that I have authority from the said Corporation to transact business pursuant to the license issued and that I agree to be responsible for the Corporation's use of said license, in accordance with Indiana Code 25-28.5-1, which shall terminate only upon my written notice to the Indiana Plumbing Commission even if I have resigned or been removed from my official status in the Corporation as above described.

Signature of designated individual	Date signed (month, day, year)
Signature of designated individual	Date signed (month, day, year)

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____

} SS:

Before me, a notary public, personally appeared _____ who subscribed
and swore to the foregoing.

Signature of individual	Signature of Notary Public	
Printed or typed name of individual	Printed or typed name of Notary Public	
Date subscribed and sworn to (Notary Public)	County of residence	Date commission expires